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Thank you for choosing U.S. Naval Hospital Okinawa (USNHO) for your health care. We appreciate your choice and we are committed to providing you and your family the best care possible. Part of our commitment is to keep our patients informed about important changes in policy.

In order to more fully comply with the statutes and regulations governing the invoicing of non-beneficiary patients for healthcare received in Navy Medicine Military Treatment Facilities (MTFs), U.S. Naval Hospital Okinawa has begun using the U.S. Treasury's Centralized Receivable Service (CRS) to process charges generating as a result of healthcare encounters delivered thru the Medical Services Accounts (MSA) program. CRS is a service offered to Federal Agencies to ensure that the debt management statutory/regulatory requirements levied on the Agency are fully complied with, while at the same time better protecting the due process rights of the persons being billed. Charges from the MSA program include costs related to the providing of healthcare to non-Department of Defense (DoD) beneficiaries, and charges to DoD beneficiaries for non-covered items (such as elective cosmetic surgery and the inpatient Family Member Rate).

With this new CRS process, after our Uniform Business Office (UBO) staff reviews/verifies details regarding completed MSA program healthcare encounters, we will electronically transfer the encounter details to CRS for full-service invoicing management of the charges related to those encounters. Upon transfer of the encounter data, CRS will perform further reviews of the details for correctness/completeness and then mail an invoice to the responsible party less than 24 hours later. Once mailed by CRS, the responsible party will have 60 days to either pay the invoice or establish an installment agreement with CRS.

A significant process change that will be seen primarily by patients at USNHO is that the MTF will no longer delay invoicing of the responsible party while awaiting successful processing of a claim by his/her health insurer. This is a necessary step because the practice of delayed invoicing jeopardizes MTF compliance with the regulation that mandates that Federal Agencies conduct prompt billing for its debtors. Additionally, the practice of delayed invoicing also puts patient financial interests at risk when eventual invoicing does not sometimes occur until after the responsible party's insurance filing window has closed. As such, responsible parties should anticipate that they will receive a mailed invoice from CRS sometime between 2 weeks and 3 months after receiving healthcare in the MTF; the 2 week time is a minimum time that allows the MTF to perform necessary medical records reviews/coding verifications, while the 3 month maximum time allows for additional reviews by the UBO and the combining together of charges from multiple days for the purpose of consolidated invoicing by CRS.

For persons who have previously been accustomed to having the MTF file insurance claims for them, we recommend that they establish an early dialogue with their health insurer so that they have the correct forms/procedures necessary to file their own claims. Additionally, since CRS invoices will often reach the point of becoming payable prior to the health insurer paying on the claim, patients should contact CRS early on if they are unable to pay the invoice according to the

CRS terms (normally 60 days); CRS does have the ability to establish installment agreements when necessary. Accounts that are on a compliant installment agreement remain at CRS as current accounts and are not considered to be delinquent.

Although Treasury/CRS will assume many aspects of the management of these MSA program accounts, USNHO will still maintain oversight of healthcare encounter-related items such as proof of the encounter, patient eligibility, maintenance of the medical record, records coding, and application of approved rates towards those encounters. However, the primary point of contact for patient questions will be with CRS; all CRS invoices will have contact information, and even though the MTF staff cannot be the patient's advocate in discussions with CRS, the USNHO UBO can and will be available to assist, as needed.

CRS Frequently Asked Questions (FAQs)

1) Question: What is CRS?

Answer: CRS (Centralized Receivables Service) is a pilot service offered by the U.S. Treasury to Federal Agencies that allows Treasury to perform most aspects of invoicing and collecting on debts that generate from that Agency, in a manner that meets all statutory and regulatory requirements for Federal invoicing and collecting. Recently, Navy Medicine agreed to begin using the CRS pilot for the processing of medical debts that arise from the providing of healthcare to non-beneficiaries and for non-covered services provided to beneficiaries thru the Medical Services Accounts (MSA) program. With CRS, Navy Medicine MTFs now transfer information regarding its billable encounter data to Treasury at debt inception so that CRS can complete the invoicing and collecting process in a compliant manner. Also with CRS, MTFs will no longer bill insurance companies on behalf of the patient and/or delay patient billing for the purpose of first receiving insurance reimbursement.

2) Question: Why are you using CRS?

Answer: In order to more fully comply with the various statutes/regulations that require us to both invoice non-beneficiaries, and to perform that invoicing in a timely/compliant fashion, we are using the U.S. Treasury's CRS to process charges generating from MSA program health care encounters. CRS performs virtually all of the invoice management functions, ensuring that both the requirements mandated for the Federal Agency performing the billing are met, and that the due process rights of the individual being invoiced are more fully protected.

3) Question: What does CRS invoicing involve?

Answer: With our use of CRS, once USNHO's Uniform Business Office (UBO) reviews and finalizes the charges for your healthcare encounters, the resulting charges are then transferred to CRS. Upon receipt of the encounter details, CRS then performs additional reviews, conducts patient invoicing, and maintains all necessary records regarding all actions related to the debt. The Treasury has deemed CRS as a process that is otherwise fully compliant with all statutes/regulations governing Federal management of individual debt.

4) Question: What will change with CRS invoicing, as compared to the current process?

Answer: With CRS, the two primary differences are that 1) your primary point of contact in regards to your healthcare invoices switches from USNHO to CRS, and 2) that USNHO will no longer delay invoicing to you while attempting to adjudicate your insurance claims. You will see your invoices reach you in a much more rapid manner. However, compared to the previous process where we first billed your insurance, and then balance billed you afterwards, with the use of CRS you will see the bill from Treasury upfront and then be responsible to file your own insurance claim.

5) Question: Does CRS benefit me?

Answer: By using CRS, the benefit to you is that in many cases, you will gain more control over your invoices. Past practices often involved us filing your insurance claims first, and then balance billing you months (or even years) later; however, that practice occasionally caused problems when you were put in the position of making insurance inquiries long after the healthcare event occurred, or after the window closed for you to file new claims. With CRS invoicing, you should receive almost all of your health care invoices within two months of the healthcare encounter, thereby maximizing the amount of time for you to seek reimbursement from your health insurer, and before the timely filing windows closes.

6) Question: How much time do I have to pay my CRS invoices? What happens if I miss the CRS-prescribed deadline?

Answer: CRS invoices are payable within 30 days (measured from the date CRS mails you an invoice) for invoices generated prior to July 11, 2015. Invoices generated after July 11, 2015 are payable within 60 days. After these 30/60 days, interest will accrue on unpaid balances (current rate is 1% per year; 1% interest on a \$1000 debt equates to about 3 cents per day). Invoices unpaid after 60 days are eligible for transfer to Treasury FedDebt (for further debt processing); CRS must transfer all delinquent invoices to FedDebt not later than the 120 day point (invoices on an approved/compliant installment agreement are not considered to be delinquent and are not eligible for transfer to FedDebt). Unpaid invoices are also subject to penalties; for further details on the application of interest/penalties, please contact Treasury at the telephone numbers listed on your CRS invoices.

7) Question: What is FedDebt?

Answer: FedDebt (also referred to as Cross Servicing) is a Government-wide Treasury program that allows Federal Agencies to comply with the Debt Collection Improvement Act of 1996 by transferring their delinquent debts to a repository for central processing by Treasury. U.S. Code requires all Federal Agencies to transfer their debts to Treasury prior to reaching 180 days of delinquency. Once an Agency refers a debt to FedDebt, Treasury may take several actions on that debt, to include offsetting other Federal payments (such as tax refunds, Federal salaries, Social Security and other payments), administrative wage garnishment, reporting of the debt to credit bureaus, referral of the debt to private collection agencies, litigation and the filing of Internal Revenue Service Forms 1099-C (reports of income due to debt forgiveness). For additional details on FedDebt, patients should contact Treasury at (888) 826-3127 or review information available at:

http://www.fiscal.treasury.gov/fsservices/gov/debtColl/rsrsrcsTools/debt_InformationForIndividuals.htm

8) Question: Is it a punitive action when you transfer a charge to CRS? Are CRS invoices recorded as delinquent debt?

Answer: No. CRS invoices are considered as current, non-delinquent bills. Only if a CRS invoice remains unpaid after 60 days, will CRS then ready the invoice for transfer to the Treasury FedDebt system (to occur not later than 120 days after the original CRS invoicing date). Invoices transferred to FedDebt are considered delinquent and could result in other actions being taken by Treasury to collect on the debt. Note, however, that CRS invoices that are on an approved/compliant installment agreement are not considered to be delinquent under any circumstance, and therefore not eligible for transfer to FedDebt.

9) Question: How can I avoid having my CRS debt be considered delinquent and then transferred to FedDebt?

Answer: Upon receiving an invoice from CRS, it is important that you either pay the invoice, or work an alternate set of arrangements with CRS. CRS has the ability to establish installment agreements to keep debts current, and will not allow your debt to be transferred to FedDebt if there is a compliant installment agreement in effect. Note, that once a debt is transferred to FedDebt, CRS will no longer service that invoice; handling of the debt then also transfers to Treasury FedDebt.

10) Question: If the charges generated for healthcare were administered at your USNHO, why can't you assist me in resolving my cases at CRS and/or FedDebt?

Answer: Once we transfer charges to CRS and/or FedDebt, processing of the invoices occurs thru Department of the Treasury. Treasury follows an invoice management process that has otherwise been deemed as complying with all Federal statutes/regulations governing debt management. As the person being billed by Treasury, we cannot act as your advocate or be the entity to protect your due process rights.

11) Question: What are my Due Process rights?

Answer: As a person who is being billed by a Government Agency, you have rights that are protected by statute/regulation. In any invoice you receive from CRS or FedDebt, those rights will be listed in the invoice. Alternatively, you may contact Treasury at telephone numbers listed in the invoice to further discuss rights afforded you. However USNHO is not in a position to explain those rights to you; for CRS or FedDebt invoices, you must contact Treasury directly.

12) Question: In the past, your MTF filed my insurance claims for me. Why will that change?

Answer: With the implementation of CRS, we will no longer be able to file your insurance claims for you. In order to more fully comply with the regulations that require the Government to perform timely invoicing, we must limit our actions to transfer of the charges to CRS only.

13) Question: Will CRS file my insurance claims for me?

Answer: Unfortunately, CRS cannot file your insurance claims for you. However, USNHO Medical Records Office and the Uniform Business Office (UBO) can assist you in obtaining any of the records/codes required by your insurance company when you file your own claims.

14) Question: Healthcare can be expensive. What should I do if am unable to pay my CRS invoice prior to my health insurer processing my claim?

Answer: In those instances where you will be unable to pay the CRS invoice prior to your health insurer processing your claim, we encourage you to inquire with CRS about entering into an installment agreement. So long as you enter into, and successfully comply with a CRS installment agreement, the invoice will continue to be considered as a current, non-delinquent debt.

15) Question: I am a non-beneficiary and received healthcare today. How long should it take to generate a CRS invoice?

Answer: After receiving healthcare in a Navy Medicine MTF, it normally takes 17 days for the Provider and Medical Records/Coding Staff to complete their reviews of the medical record; after the 17th day, the encounter details (including charges) become visible to the Uniform Business Office (UBO) staff. Once visible to the UBO staff, they will perform additional reviews and then transfer the encounter to CRS for invoicing the following business day. CRS will mail the invoice to you directly. It is important to keep your address updated at USNHO.

16) Question: Can CRS bill me electronically, instead of by mail?

Answer: CRS understands the advantages of electronic billing and is working to incorporate an e-billing feature in 2015. If eBilling is added as a CRS feature, it will be a patient option whether to receive eBills or mailed bills.

17) I received healthcare more than 17 days ago but have not yet received my CRS invoice and am concerned that the invoice is lost in the mail. How can I confirm whether or not CRS has transmitted a bill to me?

Answer: Once you receive your first CRS invoice, you may call CRS to inquire as to whether or not there are new charge details that have been transferred to Treasury by USNHO. Note that not all charge details will go to CRS immediately after the 17th day; invoices may be held at USNHO so that we can perform additional encounter reviews, and combine charges from multiple days. In any case, the payment due date does not start until CRS sends the invoice to the address that is on file for you (accordingly, it is important that you keep your address at USNHO up to date).

18) Question: How can I pay my CRS bills?

Answer: All CRS bills can be paid online with a major credit card, debit card, electronic check, and PayPal. An internet link to the pay.gov payment form is included in CRS invoices.

19) Question: How do I file my own insurance claims? I have never done that before.

Answer: We recommend that you contact your insurance company as soon as possible, and ask them for the forms that you will need in order to file your own claims. Quite often, your insurance company will only want a copy of the invoice; in some cases, they might also want a copy of the medical records and/or the CPT (Current Procedural Terminology)/ICD (International Classification of Diseases) codes applied towards your encounter. We can help get you those records and/or codes if your insurance company asks for them.

20) Question: I am a beneficiary of another Federal Agency; am I subject to CRS billing for my healthcare?

Answer: DoD currently has agreements in place with the U.S. Coast Guard (USCG), Public Health Service (PHS) and the National Oceanographic and Atmospheric Administration (NOAA) to centrally invoice those Agencies for healthcare delivered to their Uniformed Service beneficiaries. For all other persons with a benefit from another Federal Agency, USNHO is unable to invoice that Agency on behalf of the patient and will instead transfer the charges to CRS; upon receiving the CRS invoice, the patient will need to file his/her own claim with that Agency.

21) Question: I am eligible for the VA's Foreign Medical Program (FMP); will my bills be sent to CRS?

Answer: The VA FMP is not a Resource Sharing Agreement (RSA); as such, FMP patients will be billed thru CRS. VA FMP patients may then file their own claims with the FMP.

22) Question: I am a Medicare beneficiary only (I have no DoD healthcare eligibility). Do you have an inter-Agency agreement with Medicare?

Answer: Neither DoD nor any Navy Medicine MTF has an agreement with Medicare. Note that under no circumstances will Medicare pay on your claim if the healthcare is rendered in a non-U.S. MTF; this is Medicare policy and not anything that DoD or Navy Medicine controls. Neither CRS nor we are allowed to waive the payment of fees deemed unauthorized/unpayable by Medicare.

23) Question: I am a beneficiary of a State Medicaid or other State health insurance program. Do you have agreements with any State health insurance program?

Answer: Neither DoD nor any Navy Medicine MTF has an agreement with any State-operated Medicaid or other State health insurance program. If you are a State Medicaid beneficiary, we highly recommend that you seek counseling from your Medicaid agency prior to obtaining healthcare at USNHO. Neither CRS nor we are not allowed to waive the payment of fees deemed unauthorized/ unpayable by your Medicaid program.

24) Question: My health insurer advised me that your fees/charges are not allowed and should be waived. How do I get those charges waived?

Answer: Unfortunately, neither DoD nor any Navy Medicine MTF has entered into the type of agreement that would either allow or require us to follow insurance company reimbursement policies. As such, before receiving healthcare at USNHO, we strongly advise you to seek the prior counsel of your insurance company so that you will understand what types of charges/fees will likely not be paid by your insurer. Note that under no circumstance may USNHO waive any copays, deductibles, or other charges deemed unauthorized/unpayable by your insurer.

25) Question: My healthcare was administered subsequent to a medical emergency; I neither had the time to check with my health insurer or go elsewhere for treatment. Isn't there a requirement that emergency healthcare be rendered for free and/or at a reduced rate?

Answer: No, there is no requirement or authority to provide free or reduced rate emergency health care.

26) Question: I am accustomed to a process that only requires me to present my health insurance card; after that, all billing functions occur only between the hospital and health insurer and never results in a bill to me. Why are you different?

Answer: DoD rates are set by the Secretary of Defense and are non-negotiable. Although many health insurers negotiate lower fees with hospitals, there are no regulations that allow DoD to enter into similar negotiations, and/or waive fees that your insurer does not accept.

27) Question: My insurance company advised me to have you file my claims for me. How do I get you to work directly with my insurance company?

Answer: Unfortunately, there is no statutory/regulatory authority that allows us to act as an intermediary with your health insurer. Upon request, your Provider, Patient Administration Department (PAD), Inpatient or Outpatient Medical Records Department, and the Uniform Business Office (UBO) will assist you with any necessary healthcare information that your insurer asks for.

28) Question: My insurance company denied my claim, advising me that you coded the medical record incorrectly and/or charged a fee not authorized by their approved rate structure. What are you able to do for me?

Answer: If your health insurer denies your claim (or any part thereof), we can review the invoice and verify whether or not the coding is correct and if the DoD-authorized charges were correctly applied. We are unable to represent you in any dispute that you file with your insurer; nor are we able to suspend any portion of the invoice, unless our review confirms that we incorrectly prepared the bill/charges.

29) Question: My health insurer advised me that if you were to become a network provider, then all billing would be handled between you and the insurer and I would only pay you my copay. How do I get you to become a network provider with my health insurer?

Answer: Unfortunately, part of the process of becoming a provider in your health insurer's network would involve the Government allowing the insurer to set the rates that would be charged to patients with that company's insurance. Federal statutes, however, only provide the Secretary of Defense with the authority to set rates in the Military Health System (MHS); the Secretary has yet to agree to allow health insurers to set those rates on behalf of the Government. Additionally, other aspects of becoming a network provider would subject the Government to oversight/management by the health insurer; accordingly, the Government has declined to enter into any such insurer agreements.

30) Question: Given the inconvenience to me to receive CRS invoices prior to adjudication and payment by my health insurer, how can I participate in my health insurer's network?

Answer: For providers in your health insurer's network, we recommend that you contact the insurer directly and inquire about the location of network providers. Many insurers have worldwide networks (these networks will not include Government-operated hospitals, however); additionally, you may wish to consider using your pharmacy mail order network for your recurring medication refills (many insurers charge lower copays when using a network/mail order pharmacy). Another option for you to participate in your insurer's network is to schedule routine healthcare when travelling to a location where one of your insurer's network providers is close by.

31) Question: Can you tell me which insurance is the best to have for when I visit your MTF?

Answer: No. We neither analyze health insurance plans, nor is there any authority for us to act as an advisor regarding the insurance that is best for you. Many factors influence a decision regarding the best insurance to have for your particular set of circumstances; as such, we recommend that you discuss the different insurance options available to you with your employer's human resources office/benefits advisor.

32) Question: Can I ask that my health insurer pay you/CRS directly?

Answer: Yes. If your health insurer is able to send payment to us, we will post those payments to your account(s), so long as the insurer provides us with the identifying data when the payment arrives at USNHO. Electronic payments are preferred; let us know if your health insurer needs the EFT data necessary to get the payment to us electronically.

33) Question: Can you confirm that my insurance will accept claims for healthcare delivered at a Navy MTF?

Answer: Your eligibility to receive healthcare at A DoD MTF derives from either DoD-M1000.13 Vol 2, or from a non DoD-M 1000.13 situation such as an emergency that requires that we render immediate assistance. However, your eligibility to receive healthcare neither implies that the healthcare will be delivered on a non-reimbursable basis, nor that your insurance will pay for the costs of the health care encounter. If you would like to confirm whether or not your insurance will cover healthcare delivered in a DoD MTF, we recommend that you contact your health insurer as soon as possible.

34) Question: How do I know if I am a DoD health care beneficiary?

Answer: DoD healthcare beneficiaries have their eligibility for healthcare recorded into the Defense Enrollment Eligibility Reporting System (DEERS); USNHO then uses that DEERS data, according to DoD Manual 1000.13 Vol 2, to appropriately register you into the healthcare records system.

35) Question: You did not register me correctly into the healthcare records system, according to my DEERS data and DoD Manual 1000.13 Vol 2. What is my next step?

Answer: If you believe that we did not register you correctly, please see our Patient Administration Department (PAD). We will review your DEERS data and either explain to you why your DEERS data supports you receiving an invoice, or if we registered you into a billable status incorrectly, we will exclude the incorrect charges.

36) Question: My DEERS data is incorrect. What step should I take to resolve the error?

Answer: For DEERS issues, you must first contact the Defense Manpower Data Center (DMDC). USNHO cannot resolve DEERS discrepancies for you; nor can we change your billable status prior to DMDC first making its corrections. However, please note that even if your DEERS data is corrected after you pay your invoice, we will refund all overpayments once the DEERS is updated to reflect the corrected eligibility.

37) Question: Are there non-DEERS sources of healthcare eligibility?

Answer: Most persons with a DoD healthcare eligibility have that eligibility recorded in DEERS. Non-DEERS eligibility exists for persons with a Secretarial designation letter; Reservists with a Line of Duty (LoD) determination letter signed by their Commanding Officer; DoD Civil Servants who are being treated for a work-related condition (with the pre-approval of the USNHO Occupational Health Officer).

38) Question: I was injured while on a military installation. Doesn't this mean that my emergency healthcare rendered in the MTF should be free?

Answer: Unless you are otherwise eligible for healthcare thru DEERS, a DoD occupational health program (and have had a healthcare plan pre-approved by our Occupational Health Officer) or injured while a drilling Reservist (and have obtained a Line of Duty determination letter), the mere fact that you were injured on a DoD installation does not authorize free healthcare. If you believe that your injury was due to the fault of the Government, or that the Government otherwise is responsible for your injury, then we recommend that you seek out the installation Judge Advocate General (JAG) so that you can file the appropriate claim. Regardless of the decision by the installation JAG, we are not able to waive your healthcare charges; your CRS invoice should be included with your JAG claim.

39) Question: Despite the DEERS data and everything else that has been explained to me, I nonetheless wish to ask that I not be billed for the healthcare services rendered. How can I ask for a waiver from the requirement to reimburse you?

Answer: USNHO cannot waive the requirement for us to seek reimbursement for the costs of delivering healthcare to non-beneficiaries, unless there is an approved waiver from either a Service Secretary or the Under Secretary of Defense (Personnel and Readiness). The invoice that you receive from CRS will include instructions about how to request such a waiver. Please note that USNHO cannot process your waiver request for you; nor can we hold your invoice in abeyance while the Secretary responds to your request. However, if you do pay on an invoice and receive a subsequent waiver from the Secretary, we will refund to you any prior payments made against the invoice.

40) Question: What are the statutes/regulations that support your use of CRS and the policy of not filing my insurance claims?

Answer: The requirements of DoD MTFs to provide healthcare to non-beneficiaries only on a reimbursable basis derive from 10 USC 1079b, 32 CFR 108.4, DoD 7000.14-R and DoD 6010.15-M. The requirement to invoice debtors in a timely fashion derives from 31 CFR 206.3 and the requirement to cross-service delinquent debts thru the U.S. Treasury derives from 31 USC 3711/3716 and 31 CFR 900-904.

41) Question: I have filed for bankruptcy court protection against collection of my debts. What actions should I take?

Answer: If you file for protection thru a bankruptcy court, ensure that you notify the court of your CRS/FedDebt medical debts; additionally, you should provide a copy of your bankruptcy petition to the Agency that is billing you (whether it be Treasury CRS/FedDebt, DFAS or this MTF).

42) Question: Where can I find more information on CRS and FedDebt?

Answer: CRS program details are located at:
http://www.fiscal.treasury.gov/fsservices/gov/debtColl/dms/crs/debt_crs.htm. FedDebt (also referred to as Cross Servicing) program details are located at:
http://www.fiscal.treasury.gov/fsservices/gov/debtColl/dms/xservg/debt_crossserv.htm

